

Appl # _____
For office use only

**STATE OF NEW HAMPSHIRE
BOARD OF LICENSURE
FOR ARCHITECTS**

Application for Licensure as an Architect

1. INSTRUCTIONS FOR FILING APPLICATION

- a. Each applicant for licensure shall fill out the application blank, in every detail.
- b. Money Order, Bank Draft or Check in payment of fee must accompany the application, made payable to:
Treasurer, State of New Hampshire. (**Non-Refundable**)
- c. The application shall be **typewritten** and submitted to the Board Office.

Enclosed herewith is the application fee, made payable to: **Treasurer, State of N.H.** I hereby apply for licensure as an Architect by the following method:

_____ **\$120.00 Application fee - By Written Examination**
_____ **\$200.00 Application fee - NCARB Certification**
_____ **\$275.00 Application fee - Direct to State Reciprocity**

2. GENERAL INFORMATION

Name in Full _____

Business Firm Name: _____
Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Residence Street: _____
Address: _____

City: _____ State: _____ Zip: _____

Address for Correspondence
(check one) _____ Residence _____ Business

Citizenship: _____ Birth _____ Naturalized _____

Birthdate: _____ Place: _____

Work Phone: _____ Home Phone: _____

3. EDUCATIONAL BACKGROUND

PREPARATORY SCHOOLS/ HIGH SCHOOLS	DATES OF ATTENDANCE FROM	GRADES COMPLETED TO
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COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS	DATES OF ATTENDANCE FROM	DEGREES EARNED TO
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TRAVEL, CONTINUING EDUCATION, RESEARCH, PUBLICATIONS

4. PROFESSIONAL ORGANIZATION SERVICE

NAME OF ORGANIZATION	NAME OF SECRETARY	ADDRESS
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5. OTHER STATES

State first licensed, registered or certified as an Architect _____

Date Issued _____ License/Registration/Certification # _____

Expiration Date _____ Licensed/Registered/Certified by exam? _____

License/Registration/Certification now in force? _____ If not, Why? _____

Other States in which Licensed/Registered/Certified - if by exam, specify _____

Have you completed IDP? (Intern Development Program) _____

Has license/registration/certification ever been revoked? _____

If so, why? _____

6. REFERENCES OF CHARACTER AND QUALIFICATIONS

No action will be taken on this application unless all information requested is comprehensive and complete.

Applicant will give the name and address of not fewer than five citizens, unrelated to him/her, of whom three or more shall be individuals having personal or professional knowledge of the applicant's Architectural experience and three of these being licensed architects having detailed knowledge of the applicant's architectural experience. The Board shall use as references any individuals, companies, or institutions whose name appears in any part of the completed application. Written references will be submitted to the Board on forms supplied by the Board.

Name	Complete Address Show Zip Codes	Occupation	Business Relation To Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. PRACTICAL EXPERIENCE

[illegible]

8. PUBLIC AND COMMUNITY SERVICE

Signature of Applicant

Date

Address all communications to:

N.H. Joint Board
57 Regional Drive
Concord, N.H. 03301

Find us on the world wide web at www.state.nh.us/jtboard/home.htm

Revised 8/03

NEW HAMPSHIRE BOARD OF ARCHITECTS
57 REGIONAL DRIVE
CONCORD, NH 03301

Dear Sir/Madam:

_____ of _____
has applied to this Board for Licensure in the State of New Hampshire as an Architect
and has given your name either as a reference or has stated that he/she has worked for or with you.
We will, therefore, appreciate your sending us information requested on the reverse hereof, and
assure you that such information as you give will be treated in the strictest confidence.

Any person signing this statement will be expected to know the following:

This Board is required by law to obtain evidence of good character and qualifications of applicants
for licensure as an Architect. Statements by responsible persons with actual knowledge of the
applicant's character and qualifications, if made on this form, will be filed by the Board for
consideration as evidence in such connection.

The Board desires to emphasize that evidence submitted on these forms should not be perfunctory,
nor made for the mere purpose of aiding the applicant to be licensed.

Since the board cannot admit the applicant until replies are obtained from these references a prompt
reply will expedite our handling of the applicant's request for licensure.

Sincerely,

Julie Levesque
Senior Accounting Technician

Re: Application of _____ Appl. # _____

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

(Please type or print)

1. What is your full name? _____
2. What is your present business or profession? _____
3. Are you a registered/licensed Architect? _____ State? _____ No _____
4. How long have you known the applicant? _____
5. Are you related in anyway with the applicant? _____
6. What has been your business connection with the applicant? _____

7. Do you know anything reflecting adversely on the integrity or general good character of the applicant? _____

8. Please give in brief your estimate of the applicant as an Architect. _____

9. Would you employ the applicant in a position of trust? _____
10. If the applicant is connected with a firm, please give its name and address. _____

Position he/she fills _____

11. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change design or specifications? _____
12. If the applicant is in individual practice, please indicate the nature of such practice. _____

13. Do you recommend the applicant for licensure as an Architect? _____
14. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure by the State of New Hampshire as an Architect.

DATE _____ SIGNATURE _____

EMPLOYMENT
VERIFICATION
FORM

Applicant's Name and Address
(Please Type or Print)

BOARD OF LICENSURE OF ARCHITECTS
57 Regional Drive
Concord, NH 03301

The applicant named in the box above has applied for the Architectural Examination in the State of New Hampshire and has listed your firm under the category of work experience. The Board solicits your considered professional opinion of this employee's true experience and abilities. To assist the Board in reviewing the applicant, please verify the period of employment and the experiences listed as completed by the applicant, and complete the information at the end of the form.

PART 1 – TO BE COMPLETED BY THE APPLICANT

Firm or Employer _____
Address _____

Employed From _____ to _____ Time: _____
Month/Day/Year Month/Day/Year Calendar Years/Months

From _____ to _____ Time: _____
Month/Day/Year Month/Day/Year Calendar Years/Months

From _____ to _____ Time: _____
Month/Day/Year Month/Day/Year Calendar Years/Months

Of the total time noted above, _____ was part time work @ _____ hours/week.
Years/Months

Experience Summary

Please indicate the percentage of the total time while in the employment and during the time period listed above, that you were involved in the training areas listed :

A. Design and Construction

1. Programming & Client Contact _____
2. Site & Environmental Analysis _____
3. Schematic Design _____
4. Building Cost Analysis _____
5. Code Research _____
6. Design Development _____
7. Construction Documents _____
8. Specifications & Materials _____
9. Document Checking _____

B. Construction Administration

10. Bidding Procedures _____
11. Construction Office _____
12. Construction Observation _____

C. Office Management

13. Office Procedures _____
14. Professional Activities _____

If the total above does not add up to 100%, please indicate the experience or exposure which is not included in the items above that you gained in the employment period indicated, and explain how it relates to architectural training.

Part 2 – TO BE COMPLETED BY THE EMPLOYER [MUST BE A LICENSED ARCHITECT]

1. Name _____
Firm Name _____
Address _____

2. Are you a licensed Architect? _____ Yes _____ No
3. Was the Applicant's period of employment as stated above? _____ Yes [If no, please state the correct time period _____]
4. Did the applicant gain experience or exposure as indicated in Part 1?
[Please elaborate as necessary] _____

5. In your opinion, considered as a whole, this candidate is: _____ Qualified
_____ Unqualified
_____ Do Not Know

Comments _____

This certifies that to the best of my knowledge and as indicated in the records of this office, the Applicant whose name appears herein worked under my supervision or I have knowledge of his experience at this firm, as has experience in the areas indicated.

Signature of the person completing
Part 2 of this form _____

[Please return this completed form to the applicant named on the cover sheet.]

Please affix seal and signature
here

Date:

Name of State Board
Address

Dear Sir/Madam:

_____ of _____
has applied for licensure as an Architect in New Hampshire. He/She has indicated
that your Board has registered him/her. Would you kindly provide the following information:

1. Registration/license # _____
2. Date Registered/licensed _____
3. Expiration Date _____
4. How Registered
 - a. Examination _____ Hours _____ Date _____
 - b. Reciprocity _____ From What State _____
 - c. Other _____

Signature

Date

SEAL

RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay. **The items that are bolded are for applicants who are applying through Direct-to-State Reciprocity or need the Board's approval to compile the IDP record through NCARB.**

Have you:

_____ Marked the box on the application which fee applies to you?

_____ **Requested your college/university to send us your transcript directly?**

_____ **Completed the "References" portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?**

_____ **Sent the employment verifications to the employers listed under Section 7?**

_____ Signed the application?

_____ Included the correct fee with the check made payable to **Treasurer, State of NH?**

_____ **Sent the appropriate state board the verification form along with a stamped envelope in which you have placed a New Hampshire Board address labels on? – This applies only to Direct-to-State Reciprocity applicants.**

_____ Included this Checklist with your application?

Date_____

College or University Registrar

Dear Registrar:

Enclosed please find my fee in the amount of \$_____ in payment for a certified transcript of my scholastic record. I attended college during the years _____ to _____. I received my degree on _____
_____. My Social Security number is _____ and my date of birth is _____.

My student identification number was_____.

Please send the transcript **directly** to the following address:

New Hampshire Joint Board of Licensure
57 Regional Drive
Concord, New Hampshire 03301-8518

The Board of Architects have informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

(Signature)

(Printed Name and Address)

NH JOINT BOARD OF
LICENSURE & CERTIFICATION
57 REGIONAL DRIVE
CONCORD NH 03301-8518

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

